

2023 BERLIN DOLPHIN SWIM TEAM

MEDICAL INFORMATION – One form per participant

PLEASE CHECK ONE: Junior Swim Team _____ Senior Swim Team _____

NAME OF PARTICIPANT _____

ADDRESS _____

EMAIL ADDRESS _____

NAME OF PARENT OR GUARDIAN _____

PHONE NUMBER – HOME _____

WORK _____

CELL _____

EMERGENCY PERSON TO CONTACT OTHER THAN PARENT OR GUARDIAN

_____ **PHONE** _____

YOUR DOCTOR TO CALL _____ **PHONE** _____

HOSPITAL _____

Does the participant have any health problems, which may require emergency action while attending the program? List below any special circumstances or health concerns of participant(s) (medications, allergies, bee stings, seizures, etc.) Staff will not administer any medications except epi-pen for children 16 years of age and younger upon written request accompanied by parents written authorization and written order of a physician, physicians assistant or advanced practice registered nurse. The Berlin Parks and Recreation Department will accommodate as many requests as possible to the extent it can be done with reasonable control and safety. Forms to be completed for authorization are available at the Berlin Parks and Recreation Department.

Is the participant on any long term medication that we should be aware of?

Yes _____ No _____ If yes, please specify _____